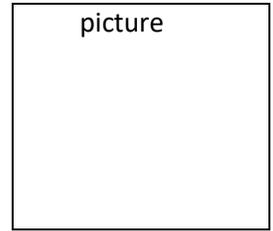




Individualized Health Care Plan

Allergic Reaction



Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Bus Rider:  yes  no Bus # \_\_\_\_\_

Allergy to: \_\_\_\_\_

Asthmatic:  Yes  No \* HIGH RISH FOR SEVERE REACTION

Accommodations needed for classroom or school environment:

\_\_\_ General Letter sent to parents of students in that grade.

\_\_\_ Sign for specific allergy-free environment outside classroom.

In the event of classroom/school parties, food treats will be handled as follows:

\_\_\_ Student may eat the treat

\_\_\_ Student may take the treat home

\_\_\_ Replace treat with parent supplied alternative

\_\_\_ Modify treat as follows: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student has an Emergency Action Plan:  Yes  No

The school nurse has consent to share this information with the appropriate staff and food service personnel on a need to know basis.  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_

The following staff members have been trained in the administration of EpiPens:

*\*to be completed by school nurse\**

\_\_\_\_\_  
\_\_\_\_\_

Any revision to the student's IHP/EAP requires a new form to be completed and dated by the parent.